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PTO/SB/21 (08-00)

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Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/088,567		
	Filing Date	March 19, 2002	
	First Named Inventor	Shizuo AKIRA	
	Group Art Unit	1648	
	Examiner Name	Michelle S. Horning	
Total Number of Pages in This Submission	4	Attorney Docket Number	31671-178057

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement; Form PTO/SB/08A <input checked="" type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Copy of Response to Notification of Missing Requirements	<input type="checkbox"/> Corrected Recordation Cover <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): 		
<table border="1"> <tr> <td>Remarks</td> <td></td> </tr> </table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Ann S. Hobbs, Ph.D. Reg. No. 36,830	26694 PATENT TRADEMARK OFFICE
Signature		
Date	July 18, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date: _____

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FEE TRANSMITTAL For FY 2006		Complete if Known	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	10/088,567
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 19, 2002
		First Named Inventor	Shizuo AKIRA
		Examiner Name	Michelle S. Horning
		Art Unit	1648
		Attorney Docket No.	31671-178057
TOTAL AMOUNT OF PAYMENT		(\$)	- 0 -

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify)	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						<u>Small Entity</u>	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
_____ - 20 = _____		x _____	= _____		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>		
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____ - 3 = _____		x _____	= _____				
HP = highest number of total claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____				
4. OTHER FEE(S)							
Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	36,830
Name (Print/Type)	Ann S. Hobbs, Ph.D.	Telephone	(202) 344-4000
		Date	July 18, 2006



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Shizuo AKIRA *et al.*

Appln. No. 10/088,567

Confirmation No. 3078

Filed: March 19, 2002

For: RECEPTOR PROTEIN SPECIFICALLY
RECOGNIZING BACTERIAL DNA

Art Unit: 1648

Examiner: Michelle S. Horning

Atty. Docket No. 31671-178057

Customer No.
26694

PATENT TRADEMARK OFFICE

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

MAIL STOP: AMENDMENTS

Sir:

In response to the restriction requirement issued June 26, 2006, please consider the following remarks.

It is believed that no fee is due; however, please charge any necessary fees or credit any refund to Deposit Account 22-0261.

Election and remarks begin on page 2.